U.S. Department of Labor Office of Labor Management Standards DO

Washington DC

202101

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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For Official Use Only	
	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT
E	

1 File Number U	2 Fiscal Year Covered From				
	1 / 1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Glovanni Alleruzzo	Name UNITE HERE				
_	Labor Organization File Number 000 511				
PO Box Bldg Room No If any	PO Box Building and Room Number if any 11th Floor				
To box blog results trainy	THE PLOOP				
Street 20 Blvd De Maisonneuve W	Street 275 Seventh Avenue				
City Montreal	City New York				
State QUEBEC CANADA ZIP Code +4 H2 / 123	State New York ZIP Code + 4 10001				
5 Position in labor organization	ended to the				
, il it to vice Flesheit a Fig. (CONTRACTOR STATE S				
(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name	F				
Trade Name If any	1 t				
PO Box Bidg Room No if any	7 b Amount				
Street					
City					
	k1/ 1 1 1 5				
State ZIR Code #Ap 1 0 1 981	and the second				
Signature					
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)					
Signed Leosbur Ollerago	On 08-/0-05 514-697-4658				

Name of Person Filing Glovanni Alleruzzo	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Amalgamated Bank of New York Trade Name if any P O Box Bldg Room No if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	Bank Director No stocks 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Fees \$1 350 Board of Director Lunches \$56 Other Meals ,464 48	\$0		
	12 b Amount	\$1 870		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			